BEST AVAILABLE COPY

•	•	Application or Docket Number															
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000								10 05125 000111									
CLAIMS AS FILED - PART I								_			071150						
		CLAINS AC	(Column		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY						
TOTAL CLAIMS			21		:		RAT	ĒΪ	FEE	) 	RATE	FEE					
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FEE 355.00		OR	BASIC FEE	710.00						
TOTAL CHARGEABLE CLAIMS			2\ minus 20=		•		X\$ 9=		OR	X\$18=	18						
INDEPENDENT CLAIMS			3 minus 3 =				X40=			OR	X80=						
MULTIPLE DEPENDENT CLAIM PI			RESENT				+135=		OR	+270=							
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTA	٩L		OR	TOTAL	728						
CLAIMS AS AMENDED - PART II							•	•	-	OTHER	THAN						
1	(Column 1) (Column 2) (Column 3)						SMA	LL E	NTITY	OR	SMALL	ENTITY					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE					
	. Total	.15	Minus	5	2/	= -	X\$ 9	)=	\	OR	X\$18=						
AME	Independent	• 3	Minus			=	X40	=		OR	X80=						
	FIRST PRESE	NTATION OF M	OLTIPLE DEF	PENDEN	CLAIM		+135	=		OR	+270=						
							TO ADDIT.	TAL.	-	OR	TOTAL						
:	(Column 1) (Column 2) (Column 3)							FEE I		]	ADDIT. FEE						
		(Column 1)			HEST	(Column 3)	1		ADDI-			ADDI					
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	BER OUSLY FOR	PRESENT EXTRA	RAT	Ε	TIONAL FEE		RATE	ADDI- TIONAL FEE					
	Total	•	Minus	**		=	X\$ 9	=		OR	X\$18=						
	Independent	NTATION OF M	Minus	***	T CL AIM	= [-]	X40	=		OR	X80=						
_	THOI THEOL	INTANOIN OF M	oem ee oe	CINDEN	. 024		+135	;=		OR	+270=						
						•	TO ADDIT. I	TAL		OR	TOTAL ADDIT. FEE						
	(Column 1) (Column 2) (Column 3)										ADDII. 1 EE						
		CLAIMS	7	HIGH	HEST	Toolulli 57	1 —	-1	ADDI	1		ADDI-					
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA	RAT	E	TIONAL FEE		RATE	TIONAL FEE					
N N	Total	•	Minus	**		=	X\$ 9	=		OR	X\$18=	j					
WE	Independent	•	Minus	•••		=	X40		-		X80=						
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	<b></b>						
		_		_			+135	i=		OR	+270=	<u> </u>					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  OR  ADDIT. FEE																	
"						***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											